

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012629

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED APR 3 1963

Primary Registration District No.

3049

Registrar's No.

73

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0781

2 0780

3

4

5

6

7

8

9 585X

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)

Hayti

Length of stay in 1b

5 Days

c. FULL NAME OF (If NOT in hospital, give location)

Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pemiscot

c. CITY OR TOWN

Wardell

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
General Delivery

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
Saphronia Adeline DePriest

4. DATE OF DEATH

Month Day Year
March 29, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-23-1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

x

11. BIRTHPLACE (City and state or country)

Bairdstown, Tenn.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas Warren, deceased

13b. MOTHER'S MAIDEN NAME

Anna Arnold, deceased

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates)
No x

16. SOCIAL SECURITY NO.

17. INFORMANT

Ola Wilson, R. 1 Hornbeak, Tenn.

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uterine cancer

INTERVAL BETWEEN ONSET AND DEATH

6 or 8 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cholelithiasis

DUE TO (c)

Jaundice - non-obstructive

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-24-63 to 3-29-63 and last saw her alive on 3-28-63

Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Hayti, Mo.

22c. DATE SIGNED

3-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-31-1963

23c. NAME OF CEMETERY OR CREMATORY

Rowe Cemetery

23d. LOCATION (City, town, or county)

Wardell, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Osburn Funeral Home, Wardell, Mo.

25. DATE RECD. BY LOCAL REG.

3-30-63

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

James G. Osburn

Licensed Embalmer No. _____

4185

P. O. Address _____

Wardell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.